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22204 7590 06/05/2009

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/553,946	10/21/2005	Atsushi Tendo	740709-544	5815

TITLE OF INVENTION: SALT OF (2S, 3S) -3- [ (1S) -1- ISOBUTOXYMETHYL-3-METHYLBUTYL] CARBAMOLY] OXIRANE-2-CARBOXYLIC ACID

APPLN. TYPE.	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/08/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
GALLIS, DAVID E		1625	549-549000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>NIXON PEABODY LLP</u> 2 <u>Jeffrey L. Costellia</u> 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Nippon Chemiphar Co., Ltd.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Chiyoda-ku, Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>3</u>	4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2380 (enclose an extra copy of this form).
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(Authorized Signature) <u>/Jeffrey L. Costellia, Reg. No. 35,483/</u> (Typed or Printed Name) <u>Jeffrey L. Costellia</u>	(Date) August 4, 2009
NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	

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